
PATIENT EDUCATION PROTOCOLS:**CHI - CHILD HEALTH - INFANT (2-12 MONTHS)**

CHI - Child Health - Infant (2-12 Months)**CHI-CAR CAR SEATS AND AUTOMOBILE SAFETY**

OUTCOME: The patient/family will understand measures that will improve car safety.

STANDARDS:

1. Stress the use of a properly secured, rear facing car seat EVERY TIME the infant rides in a vehicle. The car seat should be in the middle of the back seat of the vehicle.
2. Discuss the requirement of a NTSB approved car seat. Not all infant carriers are approved for use in automobiles.
3. Explain that the car seat should fit the child properly.
4. Explain the dangers posed by things that might divert attention from driving, such as smoking, cell phone use, eating, CDs and radios, etc.
5. Emphasize the importance of never driving while under the influence of alcohol, sedatives, and/or street drugs.
6. Emphasize not to leave infant/children unattended in a vehicle (motor running, not running, keys in car) due to potential incidents; e.g., vehicle gears shifted and car goes in motion, electric windows cause injury to child, keys locked in vehicle with child, heat/cold exposure, abduction or child wandering away.

CHI-ECC EARLY CHILD CARIES

OUTCOME: The patient/family will understand of good oral hygiene and prevention of early childhood caries.

STANDARDS:

1. Discuss prevention of tooth decay (early childhood caries) by proper use of bottles, e.g., no bottles in bed, no propping of bottles, weaning by 12 months of age, nothing in the bottle except formula, breastmilk or electrolyte solution.
2. Review oral hygiene habits. Discuss that the whole family should practice good oral hygiene. Explain methods of infant oral hygiene, e.g., use of a soft washcloth, soft tooth brush, or infant tooth cleaner to clean the gums/teeth.
3. Discuss, as appropriate, fluoride supplementation and that only non-fluoridated toothpaste should be used for infant tooth care.

PATIENT EDUCATION PROTOCOLS:**CHI - CHILD HEALTH - INFANT (2-12 MONTHS)**

CHI-FU FOLLOW UP

OUTCOME: The patient/family will understand the importance of keeping routine well child visits.

STANDARDS:

1. Discuss that well child visits are important to follow growth and development, screen for disease, and update immunizations.
2. Inform the patient/family of the timing of the next well child visit.
3. Discuss the procedure for making appointments.

CHI-GD GROWTH AND DEVELOPMENT

OUTCOME: The parent(s) will understand the biologic and developmental changes and achievements during infancy and provide a nurturing environment to achieve normal growth and development.

STANDARDS:

1. Review the expected weight and height changes.
2. Review the improvements in neuromuscular control—visual acuity and motor control.
3. Discuss psycho-social development—prevalence of narcissism and acquisition of trust.
4. Discuss cognitive development—active participation with the environment fosters learning.
5. Discuss language development.
6. Review adaptive behaviors:
 - a. Smiles by 8 weeks.
 - b. Shows interest in environment by 3 months.
 - c. Laughs by 4 months.
 - d. Is very personable by 6 months.
 - e. Says “mama” and “dada” by 6 months.
 - f. Imitates by 8 months.
 - g. Plays peek-a-boo, patty-cake by 10 months.
7. Discuss signs of teething, ages at which teething usually occurs, and the relief for teething pain.
8. Discuss that toilet training should be delayed. Explain that curiosity about genitals is normal and to be expected.

PATIENT EDUCATION PROTOCOLS:**CHI - CHILD HEALTH - INFANT (2-12 MONTHS)**

9. Discuss sleep habits and transition objects for sleep.

CHI-HY HYGIENE

OUTCOME: The parent(s) will understand infant hygiene issues.

STANDARDS:

1. Discuss that washing hands often will reduce passing germs to the infant.
2. Bowel habits:
 - a. Review constipation. Strongly discourage the use of enemas or homemade preparations to relieve constipation
 - b. Review diarrhea/vomiting protocols—clear liquids, when to come to the clinic. **Refer to GE.**
3. Discuss that rectal temperature is a reliable method of temperature measurement in infants.
4. Discuss the care of the circumcised and uncircumcised penis.
5. Discuss infant hygiene, e.g., bathing, avoidance of powders, skin and nail care, vaginal discharge/bleeding.

CHI-L LITERATURE

OUTCOME: The patient/family will receive literature about child health issue.

STANDARDS:

1. Provide patient/family with literature on child health issues.
2. Discuss the content of the literature.

CHI-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient and family will understand the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.

PATIENT EDUCATION PROTOCOLS:**CHI - CHILD HEALTH - INFANT (2-12 MONTHS)**

2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

CHI-N NUTRITION

OUTCOME: The parent(s) will understand the changing nutritional needs of an infant.

STANDARDS:

1. Discuss the schedule for introducing solids and juices at 4–6 months of age, and how to accomplish first spoon feeding. Explain that solids, including cereal, should not be fed from a bottle or infant feeder but from a spoon.
2. Review breastfeeding: emphasize feeding in a semi-sitting position, on demand or every 3–4 hours and discuss current information on the use of vitamin and iron supplements when breastfeeding. Explain nursing caries and otitis media relationship to feeding.
3. Review formula preparation and storage and proper technique and position for bottle feeding. Emphasize the importance of bottle feeding with iron-fortified formula. Explain that warming bottles in the microwave may result in burns to the mouth.
4. Discuss age appropriate intake (ounces/day), appropriate weight gain, and stress the dangers of overfeeding.
5. Discuss weaning, transition from bottle to cup. Emphasize the effects of “baby bottle tooth decay.” Discuss the use of a cup for water/milk, limit juice to 4-6 oz. per day.
6. Discuss waiting 3–4 days between additions of new foods to identify food allergies. Serve solids 3–4 times per day.
7. Discuss as appropriate the recommendations for fluoride supplementation in non-fluoridated water areas. (Currently no fluoride supplementation is recommended for infants under 6 months of age.)
8. Explain the dangers of giving honey before the age of one year (infantile botulism).
9. Emphasize the importance of avoiding food that are easy to choke on, e.g., nuts, hard candy, gum.
10. Emphasize the importance of observing the child while eating to reduce the risk of choking.
11. Emphasize the importance of having the child remain seated while eating to reduce the risk of choking.

PATIENT EDUCATION PROTOCOLS:**CHI - CHILD HEALTH - INFANT (2-12 MONTHS)**

CHI-PA PARENTING

OUTCOME: The parent(s) and family will adapt in a healthy manner to the growth and development of the infant.

STANDARDS:

1. Discuss how home life is beginning to settle down. Encourage the parents to find some time to nurture their relationship.
2. Review basic nurturing skills: spending time with the infant, continued importance of touch, involving father in care and nurturing.
3. Discuss age appropriate disciplinary techniques as increasing mobility increases the risk of injury (e.g., distraction for the 6 month old). Praise good behavior.
4. Encourage stimulation of the infant (hold, cuddle, play, read, talk, sing to the baby, and play age appropriate games e.g., pat-a-cake, peek-a-boo).
5. Encourage sibling participation in care of the infant while giving siblings attention as well.
6. Discuss the importance of a bedtime routine and self-consoling of baby. Discuss comfort objects such as stuffed animals or blankets as appropriate to the age of the infant.
7. Discuss separation anxiety and selecting safe child care settings as appropriate.
8. Encourage consistent parenting. Discuss the importance of limiting rules and setting routines. Do not allow hitting, biting, aggressive behavior.
9. Stress importance of regular well child care and immunizations.
10. Review the community resources available for help in coping with an infant. (WIC, finances)
11. Discuss family planning. Discuss folic acid if considering future pregnancy.

CHI-S SAFETY AND INJURY PREVENTION

OUTCOME: The parent(s) will understand principles of injury prevention and plan a safe environment.

STANDARDS:

1. Explain that accidents are a major cause of death.
2. Discuss that shaking a baby can cause permanent brain damage or death.
3. Emphasize the importance of a properly fitting car seat correctly installed, rear facing until one year of age and the correct place in the car (currently the middle of the back seat for the youngest child).
4. Stress that the infant's increasing mobility requires additional vigilance to the dangers of aspiration, suffocation, falls, poisonings, burns, motor vehicle crashes

PATIENT EDUCATION PROTOCOLS:

CHI - CHILD HEALTH - INFANT (2-12 MONTHS)

and other accidents. As appropriate, encourage safe exploration. Discuss siblings reactions to baby's exploration.

5. Explain that walkers are a source of serious injury and often delay walking.
6. Explain that SIDS is decreased by back or side lying, by keeping the infant too warm, and by not smoking in the home or car.
7. Emphasize the importance of learning first aid and CPR. Review emergency procedures for home and child care.
8. Child-proof the home. **Refer to HPDP-S.**
 - a. Burn safety: Keep hot liquids, cigarettes and other hot objects out of the infant's reach, cover outlets, test temperature of bath and set water heater to <120°F, turn pot handles to the back of the stove and use back burners preferentially, don't leave heavy objects or hot liquids on tablecloths, avoid dangling cords (curling irons, irons, coffee pots, etc.), avoid direct sunlight, limit sun exposure, use sunscreens hats and protective clothing.
 - b. Choking safety: Review choking hazards and the importance of keeping small objects out of the child's reach (anything that will fit into a toilet paper roll), cut food in small pieces, review foods that pose a choking hazard.
 - c. Water safety: Review drowning and the importance of never leaving the child unattended in the bath, keeping toilet lids down and bathroom doors closed, and emptying buckets.
 - d. Poison safety: Emphasize the importance of child locks on cabinets and keeping potentially dangerous substances, including medications and objects out of the child's reach. Keep poison control number handy.
 - e. Electrical safety: Emphasize the importance of keeping electrical cords and other wiring out of the reach of children. Small children will chew and pull on electrical cords and wiring.
 - f. Fall safety: Lower crib mattress as child becomes more mobile, keep a hand on the child when on high places.
 - g. Infection safety: Encourage frequent hand washing and washing of toys to prevent the spread of infections.
 - h. Play safety: Discuss street safety and the use of personal protective equipment like bicycle helmets. Avoid toys that are choking hazards or are sharp.
9. Emphasize the importance of carefully selecting child-care settings to ensure child safety. Discuss the importance of never leaving the infant alone with young siblings or pets.
10. Discuss lead hazards as appropriate.

PATIENT EDUCATION PROTOCOLS:**CHI - CHILD HEALTH - INFANT (2-12 MONTHS)**

CHI-SF INTRODUCTION TO SOLID FOODS

OUTCOME: The parent/family will understand the appropriate ages to introduce various solid foods. (teach any or all of the following as appropriate to this infant/family)

STANDARDS:

1. Explain that infants should not routinely be fed foods other than breastmilk or formula prior to 4 months of age except under the advice of a healthcare provider.
2. Emphasize that, for some time after the introduction of solid foods, breastmilk/formula will still be the infant's primary source of nutrition.
3. Emphasize that foods should never be given from a bottle or infant feeder and must always be fed from a spoon. Don't feed directly from jars or warm jars/bottles in microwave.
4. Explain that infants may be fed cereal mixed with breastmilk or formula not sooner than 4 months of age. Rice cereal is generally the preferred first solid food. It is normal for an infant to take very small amounts of solid foods for several months. Discard any uneaten food after each meal.
5. Emphasize the need to wait 3–5 days between the addition of new foods to watch for adverse events from the foods.
6. Explain that pureed/or finely mashed vegetables and fruits should be started no earlier than 6 months of age.
7. Explain that some foods such as peanut butter, chocolate, eggs, strawberries, cow or goat milk and citrus should not be fed until the infant is one year of age due to the highly allergenic nature of these foods. Explain that honey and syrups may contain botulism toxin and should not be fed before one year of age.
8. Explain that infants 14–16 months of age will have a decreased appetite and will become more picky eaters.
9. Emphasize that some foods are easy to choke on and should be avoided until 4 years of age, e.g., nuts, hard candies, gum, carrot sticks, meat on a bone, grapes, popcorn, hot dogs, unpeeled apples, slices of orange.
10. Discuss the importance of offering foods at the appropriate ages but do not insist that infants eat foods when they are not hungry:
 - a. Baby knows how much to eat
 - b. It is important to go along with the babies when they feel they have finished eating
 - c. Some days babies eat a lot other days not as much
 - d. No two babies eat the same
11. Explain how to assess readiness, an infant:
 - a. Who exhibits tongue thrusting is not ready to eat solids.

PATIENT EDUCATION PROTOCOLS:**CHI - CHILD HEALTH - INFANT (2-12 MONTHS)**

- b. Who will give you cues to readiness when they open their mouths when they see something coming
 - c. Who will close lips over a spoon
 - d. Who will keep food in their mouth instead of spitting it out
 - e. Who will sit up alone without support
12. Explain that the body of knowledge regarding infant feedings has changed dramatically and advice from family/friends may no longer be appropriate; talk to your healthcare provider.

CHI-SHS SECOND-HAND SMOKE

OUTCOME: Provide the patient and/or family with an understanding of the adverse health consequences associated with exposure to second-hand tobacco smoke, and discuss methods for limiting exposure of nonsmokers to tobacco smoke.

STANDARDS:

1. Define “passive smoking” ways in which exposure occurs:
 - a. Smoldering cigarette, cigar, or pipe
 - b. Smoke that is exhaled from active smoker
 - c. Smoke residue on clothing, upholstery, carpets or walls
2. Discuss harmful substances in smoke:
 - a. Nicotine
 - b. Benzene
 - c. Carbon monoxide
 - d. Many other carcinogens (cancer causing substances)
3. Explain the increased risk of illness in infants when exposed to cigarette smoke either directly or via second-hand smoke.
4. Discuss that infants who live in home where someone smokes in the home are three times more likely to die of SIDS than infants who do not live in a home in which someone smokes.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness even if the patient is not in the room at the time that the smoking occurs.
6. Discuss factors that increase level of exposure to second-hand smoke and preventive methods for minimizing this exposure.
7. Encourage smoking cessation or at least never smoking in the home or car.

PATIENT EDUCATION PROTOCOLS:**CHI - CHILD HEALTH - INFANT (2-12 MONTHS)**

CHI - W WEANING

OUTCOME: The parent/family will understand methods to effectively wean the child from breastfeeding or bottle.

STANDARDS:

1. Discuss appropriate reasons for weaning the infant from breastfeeding or bottle.
Refer to ECC-P, OM-P.
2. Explain readiness signs of weaning that the infant may display.
3. Explain the process of weaning, e.g., replace one feeding at a time with solids or cup.
4. Explain social ways to replace breastfeeding or bottle-feeding, e.g., reading books together, playing with toys, cuddling together.
5. Explain that infants should be weaned from the bottle by 12 months of age.
6. Refer to community resources as appropriate.